

## SUPPLEMENT TO ATTACHMENT 3.1-A

6d. Other Practitioner Services

1. Physician Assistants. See service limitations under section 5a of this attachment.
2. Nurse Practitioners other than Pediatric or Family Nurse Practitioners. See service limitations under section 5a of this attachment.
3. Certified Registered Nurse Anesthetist. See service limitations under section 5a of this attachment.

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SUPERSEDES

TN # 91-15

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5/27/92

EFFECTIVE DATE

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## SUPPLEMENT TO ATTACHMENT 3.1-A

7. Home Health Services

a,b,d. The following home health services are not payable:

1. Home health agency services provided to individuals residing in a hospital, nursing facility, or intermediate care facility for the mentally retarded.
2. Home health agency services provided to individuals who are not homebound following Medicare's definition.

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## SUPPLEMENT TO ATTACHMENT 3.1-A

- 7c. Medical equipment for use in an individual's home is limited to:  
bed pans; urinals; fracture pans; commodes; canes; crutches;  
walkers; trapeze bars for persons confined to bed; manually  
operated hospital beds including mattresses and side rails;  
replacement mattresses after a minimum of three years; oxygen  
regulators, tubing, masks, tents, and other equipment necessary  
for the administration of oxygen; oxygen concentrators; manually  
operated wheelchairs; slide boards; kidney dialysis equipment;  
electric hospital beds; mechanical ventilators or respirators;  
suction machines; nebulizers; traction equipment; electric  
wheelchairs; Hoyer-type patient lifts; apnea and bradycardia  
monitors; sleep study equipment; wheelchair seats that serve as a  
commode; wheelchair seat or back cushions, including accessories and  
drop seat if needed; oximeters; blood glucose monitors, including  
those that are voice activated if the recipient is legally blind,  
when the recipient or caregiver is capable of learning to use the  
device, there is reason to anticipate the recipient will be  
compliant, and the recipient is insulin dependent and there is  
documentation that the diabetes is hard to control or of keto  
acidosis or the recipient has been diagnosed as having gestational  
diabetes; intravenous therapy equipment; wheelchair trays; infusion  
pumps; hearing aids; CPAP; BiPAP; battery chargers; and with prior  
authorization, pressure reduction overlay or mattress, low air low  
bed therapy, or air fluidized system therapy.

Medical supplies payable are limited to those items necessary for  
the effective use of the medical equipment listed above or for  
the use of prosthetic devices, syringes and needles necessary  
for the administration of injectible drugs covered under item  
12a, and urine test items.

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## SUPPLEMENT TO ATTACHMENT 3.1-A

8. Private Duty Nursing Services

Not provided

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SUPERSEDES  
TN # 91-04

APPROVAL DATE 1/27/92 EFFECTIVE DATE 7-1-91

## SUPPLEMENT TO ATTACHMENT 3.1-A

9. Clinic Services

Covered clinic services include:

- a. Family planning clinics providing services related to family planning.
- b. Ambulatory surgical centers that meet conditions for Medicare participation as evidenced by an agreement with the Health Care Financing Administration. Covered surgical procedures are limited to those listed by Medicare plus tonsillectomies, T & A's, dental, and sterilization procedures.
- c. End stage renal disease clinics that participate in Medicare.
- d. Indian health service clinics operated by the Public Health Service.
- e. Maternal child health clinics.

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## SUPPLEMENT TO ATTACHMENT 3.1-A

10. Dental Services

Dental services payable are limited to:

1. Surgery of the jaw or related structures excluding cosmetic bone surgery.
2. Setting fractures of the jaw or facial bones.
3. Extractions
4. Root canals for anterior teeth.
5. Amalgam restorations.
6. Composite restorations.
7. Pins.
8. Examinations, x-rays, and prophylaxis.
9. Stainless steel crowns for posterior teeth and porcelain crowns for anterior teeth.
10. General anesthesia, analgesia, or intravenous or intramuscular sedation.

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TN # 91-04

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## SUPPLEMENT TO ATTACHMENT 3.1-A

11a. Physical Therapy

Physical therapy is limited to services ordered by a physician and provided by, or under the direct supervision of, a licensed Physical Therapist.

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SUPPLEMENT TO ATTACHMENT 3.1-A

11b. Occupational Therapy

Not provided

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## SUPPLEMENT TO ATTACHMENT 3.1-A

11c. Services for individuals with Speech, Hearing or Language Disorders

Services payable are limited to those provided by a physician or, when referred by a physician, provided by an audiologist or speech pathologist certified by the American Speech-Language-Hearing Association and the services are necessary to treat or diagnose a medical problem.

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## SUPPLEMENT TO ATTACHMENT 3.1-A

12a. Prescribed Drugs

The following items are payable only when prior authorization has been received from the State Agency:

1. Clozaril.

Items not payable include the following:

1. Legend oral vitamins except prenatal vitamins and minerals;
2. Items prescribed for weight control or appetite depressant;
3. Non legend drugs and over-the-counter items, except insulin;
4. Food or nutritional supplements;
5. Delivery charges;
6. Smoking cessation drugs;
7. Agents used for cosmetic purposes or hair growth products;
8. Agents to promote fertility;
9. Items considered less than effective and items that are identical, similar, or related; and
10. Experimental items.

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